

**LOST SERVICES/PERSONAL
CONTRIBUTIONS CERTIFICATION FORM**
FISCAL YEAR _____

Kentucky Teachers' Retirement System
479 Versailles Road
Frankfort, Kentucky 40601-3800
(502) 848-8500

Name Social Security Number _____

Street/Box Number City State Zip

Please provide the following applicable information. See Instructions on the reverse side.
Check the applicable box for type of service.

☐ Substitute

Number of days substituted.

Total number of days for this position in a normal contract year.

\$ _____
Total salary the employee would have earned in the position if the employee had worked a normal contract year.

☐ Part-time

_____%
If service was part-time, what percentage of a normal or regular day did the employee work?

Total number of days for this position in a normal contract year.

Number of days worked.

\$ _____
Amount of salary earned.

\$ _____
Amount of contributions withheld.

\$ _____
Total salary the employee would have earned in the position if the employee had worked a normal contract year.

☐ Regular

Employee worked a full day or full-time but did not complete all the days in a normal contract year.

Number of days worked.

\$ _____
Amount of salary earned.

\$ _____
Amount of contributions withheld.

Total number of days for this position in a normal contract year.

\$ _____
Total salary employee would have earned in the position for the normal contract year.

Yes____ No____ 1. Did the employee begin work on the first day of the normal contract year?

Yes____ No____ 2. Did this position require employer matching (federally funded contributions)?

If yes, what percentage of salary is to be matched? _____

If not 100%, please give amount of matching paid. \$ _____

Certifying Official School/Agency _____

Date Phone _____

This form may be duplicated by the local system/agency.
This form is not to be used for leaves of absence.

Lost Services/Personal Contributions Certification Form

Instructions

The employer is to complete this form for all persons whose employment qualifies them for membership in the Kentucky Teachers' Retirement System and who desire to make a personal payment and obtain service credit. This form can be used for the following types of service:

1. **Substitute Service** - The member may purchase the balance of the year if they have been employed at least 70% of the fiscal year.
2. **Part-Time Service**
 - a. The member must have been employed at least 70% of the time but less than 100%, must have had contributions deducted, but must desire to purchase credit sufficient to equal 100%.
3. **Full-Time Service** - The member must have been employed 100% of time but worked less than the total number of days specified in the contract and must desire to obtain either additional service credit, salary credit, or both.
4. Any combination of the above types of service.

Please complete each blank in the category of service you are certifying.

If you have any questions, please contact the **Kentucky Teachers' Retirement System at 479 Versailles Road, Frankfort, Kentucky 40601-3800** or phone **(502) 848-8500**.

Remember, in almost all situations, the member's personal payment is due in the KTRS office by the end of the calendar year following the fiscal year in which the service occurred.